

L12 0000 54308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

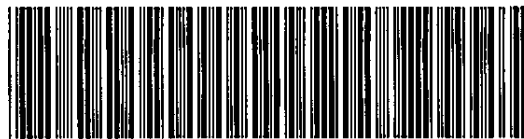
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300259249753

04/28/14--01016--003 **25.00

FILED
14 APR 28 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 02 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIXMAX LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nathalie Gabay - changing married
Name of Person name to maiden
MIXMAX LLC name.
Firm/Company Zabaw to GABAY
160 NW 115th ter
Address
Plantation, FL 33325
City/State and Zip Code
info@mixmaxmarketing.com
E-mail address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Nathalie Gabay at (954) 854-1809
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MIXMAX LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/23/12 and assigned Florida document number L12000054308.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Same - no change

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Same - no change

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

n/a

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Nathalie Gabay

New Registered Office Address:

160 NW 115th terr

Enter Florida street address

Plantation

City

Florida

33325

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Nathalie Gabay	160 NW 115th ter	<input type="checkbox"/> Add
	changing married	Plantation, FL 33325	<input type="checkbox"/> Remove
	name = Zabow to		
	maiden name = Gabay		
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 APR 28 PM 30
FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Only changing last name. Person is
the same changing from married last
name to maiden name "Gabay".

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)

Dated April 25, 2014.

Signature of a member or authorized representative of a member

Nathalie Gabay

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 APR 28 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA